

# Child Care Subsidies

A guide for Licensed and  
Certified Child Care Centers



Washington State Department of  
**Early Learning**

Effective June 1, 2012



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## Introduction

This guide contains information about subsidy eligibility, billing and payment. Refer to this guide when billing for child care services.

Washington state child care subsidy programs pay for licensed and certified child care providers. Providers in Oregon and Idaho who meet their state's licensing rules may qualify for child care subsidy payments when they care for eligible children who live in Washington.

If you are a licensed or certified family home child care provider, please refer to the family home child care subsidy guide: [www.del.wa.gov/publications/subsidy/docs/FHCC\\_subsidy\\_guide.pdf](http://www.del.wa.gov/publications/subsidy/docs/FHCC_subsidy_guide.pdf).



## Child Care Subsidy Programs

The Department of Early Learning (DEL) sets the policies and rules for all child care subsidy programs. The Department of Social and Health Services (DSHS) determines family eligibility, authorizes child care and pays providers for all child care subsidy programs.

### Working Connections Child Care (WCCC) Program

WCCC helps eligible families pay for child care while they participate in approved activities, such as work, training, and educational programs. Licensed or certified child care providers and in-home and relative providers may be eligible to provide child care paid by WCCC.

### Seasonal Child Care (SCC)

SCC serves families seasonally employed in agricultural occupations. SCC operates within available funds to provide services to eligible families who live in the following counties:

|          |             |
|----------|-------------|
| Adams    | Kittitas    |
| Benton   | Okanogan    |
| Chelan   | Skagit      |
| Douglas  | Walla Walla |
| Franklin | Whatcom     |
| Grant    | Yakima      |

Only licensed or certified providers are eligible to provide child care paid by SCC.

If a child is authorized for more than one Washington state child care subsidy program, you may only bill one program.

## Glossary

**CA:** Children's Administration

**CBA:** Collective Bargaining Agreement

**DEL:** Department of Early Learning

**DSHS:** Department of Social and Health Services

**NSHB:** Nonstandard Hours Bonus

**SCC:** Seasonal Child Care

**SSPS:** Social Services Payment System

**WAC:** Washington Administrative Code

**WCCC:** Working Connections Child Care

**WCIP:** Working Connections Information Phone

## Children's Administration (CA) Child Care Programs

CA social workers approve child care services for families. Social workers must verify child care is provided by a qualified provider. Payments to providers are authorized by the child's assigned social worker and paid by DSHS. Licensed or certified providers and in-home or relative providers may be eligible to provide child care paid by CA.

## Your Responsibilities as a Child Care Center

1. Meet Washington's child care center licensing requirements. The rules are captured in Washington Administrative Code (WAC) Chapter 170-295—Minimum licensing requirements for child care centers:  
<http://apps.leg.wa.gov/WAC/default.aspx?cite=170-295&full=true>.  
Or WAC Chapter 170-151— School-age child care center minimum licensing requirements:  
<http://apps.leg.wa.gov/WAC/default.aspx?cite=170-151&full=true>.
2. Meet program rules and requirements for the appropriate subsidy program. For WCCC and SCC subsidy rules, see: <http://apps.leg.wa.gov/WAC/default.aspx?cite=170-290>.
3. Keep complete and accurate attendance records according to licensing regulations or contract requirements. Keep all billing and attendance records for five years.
4. When DSHS or DEL asks for copies of your attendance records, you must submit the records within 14 days of the request. If you do not provide the records within 14 days, an overpayment may be written to you for the entire amount that was billed.

## Parent Responsibilities

1. Complete the application process and forms required to determine eligibility. Families may apply for subsidies a number of ways:
  - DSHS Call Center: 1-877-501-2233
  - Fax to the DSHS Call Center: 1-866-722-4983
  - Online: [www.washingtonconnection.org/home](http://www.washingtonconnection.org/home)
  - Deliver or mail a paper application to the Community Services Office (CSO). Applications may be picked up at the local CSO.
2. Meet program income guidelines and participate in approved activities such as work, training and educational programs.
3. Use the provider's attendance sheets to sign the child in and out of care. The parent's signature, times and dates must be included on the sheet.
4. Pay the provider directly:
  - The monthly copayment. The parent may arrange for a third party to pay some or all of the copayment.
  - Any additional charges for services the family requests.
5. Report child care changes to the provider within 10 days.
6. Report to DSHS within five days a change in child care providers.
7. Report to DSHS within 10 days changes in:
  - Number of hours care is needed.



- Family income if the change would cause the family to exceed the maximum income eligibility limit. Families may report a decrease in income which may lower their copayment.
  - Family size, such as someone moving in or out.
  - Work, training or education schedule.
  - Family's address or telephone number.
  - Family's legal obligation to pay child support.
8. Make payment arrangements for child care needed for personal reasons that are not authorized.
  9. Use child care paid by state child care subsidy only for approved activities.

## DSHS Responsibilities

1. Determine a family's eligibility for child care subsidies.
2. Authorize the amount of child care needed by eligible families for approved activities.
3. Pay providers for authorized and billed child care services provided to an eligible family.
4. Give families and providers at least 10 days' notice when subsidy benefits end before the original end date on the SSPS notice. DSHS does not give families 10 days' notice when the family:
  - No longer wants child care subsidies.
  - Has not given DSHS their new address.
5. Assess overpayments and underpayments.
6. Answer questions related to eligibility, authorizations and payments.



## DEL Responsibilities

1. Write policy and eligibility rules for WCCC and SCC.
2. License and monitor child care centers and family home child care providers.
3. Report to the federal government on child care subsidy programs and expenditures.

## Eligibility Determination and Payments

This is an overview of the child care subsidy process.

### Step 1: Family requests subsidy

The family contacts DSHS to apply for WCCC or SCC subsidies.

### Step 2: Family's eligibility is determined

The family completes the application and provides required verification. DSHS gathers information about the household and the parents' activities, and determines eligibility. If the family is eligible for WCCC or SCC, the parent receives an award letter. This letter shows the dates the family is eligible for child care and the monthly copayment amount.

The child care subsidy programs will not pay for child care provided before the start date on the authorization. You may make private pay arrangements with the family during

the time that eligibility is being determined. If the family is not determined to be eligible and not authorized for child care subsidy, you may provide child care with private pay arrangements.

### **Step 3: DSHS verifies your licensing status**

DSHS verifies your licensing status and child care rates using Part Two of the WCCC application. Part Two may be completed by phone when the family has chosen a provider.

### **Step 4: Child care is authorized in SSPS**

Call the Provider Line and give them your email address if you want to receive notification by email of the WCCC or SCC child care authorization(s) start, change or end dates.

### **Step 5: Social Service Notice**

You will receive a social services notice in the mail confirming a family's eligibility and authorization.

### **Step 6: Authorization to Provide Child Care**

You are now authorized to receive subsidy payments from DSHS for providing child care.

### **Step 7: Invoice arrives**

You will receive an invoice, usually before the last day of each month. The first invoice for a new authorization may not arrive until the middle of the following month.

### **Step 8: You complete the invoice using your attendance records**

Attendance records must be kept for five years according to licensing regulations. Review your daily attendance records. Determine the number of units to bill based on the information in this guide. Complete the invoice, sign and date it. To submit the invoice, you may either mail it to DSHS or call Invoice Express.

### **Step 9: Payment issued**

After receiving the completed invoice, SSPS processes the invoice and sends you the payment.

### **Step 10: Reauthorization**

Before an authorization ends, DSHS sends a reapplication packet to families. During the reapplication process, DSHS determines if the family is still eligible for child care subsidies. Families may reapply by calling DSHS or returning the packet with updated information.

You and the family will receive a reminder about five weeks before the end of the authorization. You may want to remind families when their authorization is near the ending date so they can reapply in time.

If a family completes the reapplication process after the authorization end date and there is not a waiting list for the program, child care may be authorized when the family completes the reapplication process.

If a family completes the reapplication process after the authorization end date and there is a waiting list for the program, the family may be placed on the waiting list and would not be reauthorized right away.

If you continue to provide care past the authorization end date without receiving an updated authorization, DSHS will not pay for the service. Child care is not backdated when families reapply after the authorization end date.





## Social Services Notices

Once child care is authorized and the information is processed, you will receive a SSPS notice about a week after the service is authorized. If you do not receive a notice within two weeks of the family receiving the award letter, call the Provider Line at 1-800-394-4571.

Check the SSPS notice to make sure the following information is correct:

- Your name
- Your provider number
- Services authorized
- Children's names
- Number of units authorized
- Child care rate authorized, maximum state rate for that child or your rate, whichever is less
- Begin and end date of the authorization
- Family's monthly copayment
- Any changes or termination of services

If the SSPS notice is not correct, call the Provider Line at 1-800-394-4571.

You will receive a SSPS notice when there is a change in the authorization or when child care subsidies end.





## SAMPLE WASHINGTON DSHS SOCIAL SERVICES NOTICE FOR LICENSED CENTER CARE

CSD CALL CNTR RG7 B39-5  
PO BOX 12502  
YAKIMA 98909

970-7-ESA

6XXXX5.  
PROVIDER NAME  
PROVIDER ADDRESS  
PUYALLUP, WA 98374

11-02-2011  
0XXXX69-01  
  
20XXXXX386  
PARENT NAME

1. **PARENT NAME** IS REQUIRED TO PAY \***COPAY AMOUNT**\* PER MONTH TOWARD THE COST OF SERVICES FROM 11-01-11 THROUGH 04-30-12. **PROVIDER NAME** COLLECTS THIS AMOUNT FROM **PARENT NAME** EACH MONTH. THIS AMOUNT WILL BE DEDUCTED FROM THE PAYMENT BEFORE A WARRANT IS ISSUED.
2. **PROVIDER NAME** IS AUTHORIZED TO PROVIDE LICENSED CENTER FULL DAY FOR **CHILD'S NAME**. PAYMENT WILL BE UP TO 22 DAYS PER MONTH AT \$24.65 PER DAY FOR A MAXIMUM OF \$542.30 PER MONTH FROM 11-01-11 THROUGH 04-30-12.
  - YOU WILL RECEIVE A SERVICE INVOICE EACH MONTH. FILL OUT THE INVOICE ACCORDING TO THE INSTRUCTIONS.
  - YOU WILL RECEIVE A 1099 INCOME STATEMENT IF YOU RECEIVE MORE THAN \$600.00 DURING THE YEAR.

IF YOU HAVE ANY QUESTIONS PLEASE CALL **WORKER'S NAME** AT 877-501-2233.

## Checking Application Status

WCIP is an automated phone system. It is available 24 hours per day, seven days per week in English and Spanish. WCIP allows you to check:

- If an application is approved, denied, pending or closed.
- The effective dates of service.
- The authorized child care services.
- The family's monthly copayment amount.
- Any special messages related to subsidy programs.

To use WCIP, you will need:

- Your SSPS child care provider number.
- Your Employee Identification Number or the last four digits of your social security number.
- The family's child care application number found on the social services notice.

Because of confidentiality, some information may not be available.

The Answer Phone is an automated phone system for families. It is available 24 hours per day, seven days per week, in English and Spanish.

The Answer Phone allows families to check:

- If their application is approved, denied, or pending.
- The effective dates of service.
- What child care services are authorized.
- The family monthly copayment amount.

To use the Answer Phone, a family will need its:

- Client ID number.
- Social security number.

**Working Connections Information  
Phone (WCIP): 1-866-218-3244**

**Answer Phone: 1-877-980-9220**

## Maximum State Child Care Subsidy Rates

Child care subsidy programs pay your private pay rate or the maximum state child care subsidy rate, whichever is less. Your usual rate may be higher than the maximum state child care subsidy rate.

The total amount authorized for child care includes the payment from DSHS and the monthly copayment from the family. You are responsible for collecting the copayment from the family. DSHS will not pay the family's copayment.

Maximum state child care subsidy rates are determined by the region of the state where the care is provided, the child's age, the amount of care needed and type of child care.

### 1. Child Care Subsidy Region where the care is being provided

**Region 1:** Adams, Asotin, Chelan, Douglas, Ferry, Garfield, Grant, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens and Whitman. counties. **Spokane County** has a different rate than the other counties in the region.

**Region 2:** Benton, Columbia, Franklin, Kittitas, Walla Walla and Yakima counties.

**Current state child care  
subsidy rates:**  
[www.del.wa.gov/  
publications/subsidy/docs/  
ChildCareSubsidyRates.pdf](http://www.del.wa.gov/publications/subsidy/docs/ChildCareSubsidyRates.pdf)

**Region 3:** Island, San Juan, Skagit, Snohomish and Whatcom counties.

**Region 4:** King County.

**Region 5:** Kitsap and Pierce counties.

**Region 6:** Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Klickitat, Lewis, Mason, Pacific, Skamania, Thurston and Wahkiakum counties.

## **2. Age of the child**

**Infant:** One month through 11 months

**Toddler:** 12 through 29 months

**Preschool:** 30 months through five years, not yet in kindergarten

**School-age:** Enrolled in kindergarten through 12 years

When a child moves to a new age category, the rate you receive may change. Rate changes based on a child's age start the first day of the following month. Check the rate on your invoice to make sure it is correct based on the child's age. Always bill your rate or the state's maximum subsidy rate, whichever is less.

## **3. The amount of care authorized**

Child care is authorized for half-days or full-days. The authorization is based on the number of hours of child care needed each day to support the family's approved activity. Child care subsidy programs do not authorize care for more than 16 hours per day.

- A half-day is less than five hours per day.
- A full-day is five hours through 10 hours of care per day.
- Overtime care is an additional half-day authorized when care is needed for more than 10 hours per day.

### **Additional Child Care Needs**

Some children need care for more than 10 hours a day. To request additional child care, the parent must contact DSHS and provide documentation showing additional hours are needed. You may be paid more for this type of care if you have a written policy to charge private-paying families a higher rate to care for children more than 10 hours a day. The state will pay for additional care at your rate or the maximum state child care subsidy rate, whichever is less. Remember, child care is not authorized for more than 16 hours per day.

### **Nonstandard Hours Bonus (NSHB)**

Sometimes child care is needed during nonstandard hours. The subsidy programs define nonstandard hours as:

- Weekdays before 6 a.m. or after 6 p.m.
- Saturdays and Sundays.
- Eligible holidays.

When funds are available, the child care subsidy programs may authorize a \$50 NSHB if the child needs 40 hours or more of nonstandard care per month.

### **Billing for the NSHB**

You may bill the NSHB for a child, if you provide 40 or more nonstandard hours of child care that month. Enter "1" in the "Total Units" box on the invoice. If you provided fewer than 40 hours of nonstandard hours of care that month, do not bill for the NSHB. Enter "0" in the "Total Units" box on the invoice.

There are limited funds to pay for the NSHB. If funds are not available, all NSHB authorizations will be closed. The NSHB will be authorized again when funds are available.

## Special Needs Child Care

Child care subsidy programs may pay you an additional rate to care for children up to age 19 who have a verified physical, mental, emotional, or behavioral condition requiring a higher level of specialized care. The special needs rate may also be paid for a child from 13 up to 19 years of age who is under court supervision.

The parent works with you, DSHS and DEL to determine if their child qualifies for the special needs rate. Before the special needs rate can be authorized, DSHS must have:

- Written verification from a health, mental health, social service, or education professional with at least a Master's degree, or a registered nurse. The verification must describe the additional level of specialized care needed in the child care setting. The statement cannot be from an individual who is employed by the child care facility. The State will accept an Individualized Education Plan (IEP), Individual Health Plan (IHP), or Individual Family Service Plan (IFSP) as verification of the child's special needs and the need for specialized care.
- The Special Needs Child Care Rate Request form completed and signed by the parent.
- The Special Needs Child Care Rate Request form completed and signed by you. You must explain the need for specialized care for the child in the child care setting and what you will do for the child that will be above and beyond what you would provide for children without special needs.

You and the parent must each fill out a separate Special Needs Child Care Rate Request form: [www.del.wa.gov/publications/subsidy](http://www.del.wa.gov/publications/subsidy).

Special needs child care is authorized at Level 1 or Level 2 and is in addition to the regular state child care subsidy rate.

- **Level 1 Special Needs:** A Level 1 authorization means you accept the standard state special needs rate. DSHS and DEL must review the required documentation to determine if the child qualifies for Level 1 rate.
- **Level 2 Special Needs:** A Level 2 authorization means you asked for a special needs rate greater than Level 1. DSHS and DEL must review the required documentation to determine if the child qualifies for Level 2 rate.

DSHS does not pay for training or equipment to help care for children with special needs.

## Monthly Copayment

Families are required to pay part of the child care cost. The family's part of the cost is called a copayment. The SSPS notice and the invoice list the amount of the family's monthly copayment. If you do not collect the copayment from the parent, DSHS will not pay that portion. If a family has more than one child care provider, the copayment may be assigned to only one of the providers.

Families may make payment arrangements with you for a third party to pay part or all of the monthly copayment.

You may collect the copayment on the same day of the month you collect child care payments from parents that pay privately.

If you have a written policy to charge a fee for late payments, you can charge the family a late fee if the copayment is paid late. If the family does not pay their copayment, contact the Provider Line. Families may lose child care benefits if they do not pay or make acceptable arrangements to pay their copayment. If you choose not to collect the copayment, note this in your records and give a copy to the parent.

## Registration Fee

If you have a written policy to charge registration fees for private paying families, you may bill \$50 per child or your usual registration fee per calendar year, whichever is less. A year is considered January through December. If you charge an annual registration fee, call the Provider Line to request reauthorization of the registration fee each year. You may not bill an additional registration fee when a child remains in your care but changes subsidy programs.

The registration fee may be billed:

- When a child who receives subsidies first enrolls in your care.
- When child who receives subsidies leaves your care and returns more than 60 days later, even if it is within the original calendar year.
- Each year, if you have a written policy to charge all families annual registration fees .

**Call the Provider Line  
at 1-800-394-4571  
for more information**

## Charges for Additional Services

You may charge families who receive child care subsidies for the following services only if you also have a written policy to charge private-paying families.

- Additional child care for personal reasons, such as a late pick up because parent went shopping.
- Optional meal programs you offer families who do not provide lunch for their child.
- Transportation to and from school or activities.
- Non-sufficient funds (NSF) when you are charged a fee by the bank because funds are not in parent's account.
- Late pick-up of the child after operating hours.
- Late child care payment for the copayment.

You may not charge families who receive child care subsidies:

- The difference between the maximum state child care subsidy rate and your child care private pay rate.
- A registration fee when it is more than the subsidy program's maximum registration fee.
- Handling fees to process family payments.
- Fees for materials, supplies or equipment needed to meet licensing requirements.
- Costs for billing disputes between you and the state.
- Days the child is absent.
- Days you are closed.

## Subsidized Child Care Billing Rules

Refer to your attendance records and the rules in this guide for billing requirements.

Your attendance records must support your billing. You may receive an overpayment or underpayment notice if your attendance records do not support your billing.

Bill only when the child has attended at least one day in that month. Return your invoice promptly. Invoices are only valid for 12 months after the actual date of service.

## Absent Days

If a child who receives state child care subsidies attends your child care for at least one day in the calendar month, you may be eligible to bill **up to** five absent days that month. An absent day is a day the child does not attend child care when he or she was scheduled to do so. The total number of days billed may not exceed the number of days authorized. Days are defined as consecutive 24-hour periods.

Absent days do not accumulate from month to month. If you stop providing care for a child, you may not bill for absent days after the date you end care. Some authorizations start after the first day of the month. Do not bill for absent days before the authorization start date.

## Holidays

If there is an eligible holiday during the child's authorization period, count the holiday as if the child attended, even if you are:

- Closed for business on that holiday.
- Open for business but the child does not attend on that holiday.
- Open for business and the child attends on that holiday.

### Eligible holidays:

- New Year's Day, January 1
- Martin Luther King Jr. Day, Third Monday in January
- Presidents Day, Third Monday in February
- Memorial Day, Last Monday in May
- Independence Day, July 4
- Labor Day, First Monday in September
- Veterans Day, November 11
- Thanksgiving
- The day after Thanksgiving (the fourth Thursday and Friday in November)
- Christmas, December 25

If you operate Monday through Friday only, and the eligible holiday is on:

- **Saturday:** the Friday before is the eligible holiday.
- **Sunday:** the following Monday is the eligible holiday.

If you are open on weekends, the actual holiday is the eligible holiday. If you are open on the eligible holiday and closed on a different day to observe the holiday, you may not bill for the day you were closed to observe the holiday.

## Professional Training Days

A professional training day is a day your child care is closed so you can attend training. You may bill for up to three professional training days each year. If a child is scheduled to attend on a day you are closed for professional training, you may bill the state as if the child attended. Any additional days you close for training are considered closure days and cannot be billed.

## Closure Days

Days your child care is closed for reasons other than professional training or eligible holidays are considered closure days and are not eligible for payment.

## Sample Daily Attendance Record

A child's presence in a licensed or certified child care center must be documented daily by the child's parent, guardian or authorized person by signing in and out each child who attends. The sample attendance sheet that follows may be used for school-age children and other children who need to be signed in and out of the child care more than once per day. The parent, guardian or authorized person must use his/her full signature when signing the child in and out. When a child arrives or leaves child care due to school or offsite activities authorized by the parent, you or your staff must sign the child out and in upon return to the child care.



## Daily Attendance Record for Child Care Facilities

| Shaded section for child care staff use when child leaves and returns to licensee's care |                             |         |  |             |                  |            |                  | Month and Year |  |
|--|-----------------------------|---------|--|-------------|------------------|------------|------------------|----------------|--|
| Date   | Childs Name<br>(First/Last) | Time in | Parent or authorized<br>person signature | Time<br>out | Staff<br>initial | Time<br>in | Staff<br>initial | Time<br>out    | Parent or authorized person<br>signature |
|  |                             |         |  |             |                  |            |                  |                |  |
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|  |                             |         |  |             |                  |            |                  |                |  |

10.9.2.8 Daily Attendance Record  
Rev. 4/12

**Download the form:**  
[www.del.wa.gov/  
publications/licensing/docs/  
DailyAttendanceRecord.pdf](http://www.del.wa.gov/publications/licensing/docs/DailyAttendanceRecord.pdf)



## Billing for Holidays and Professional Training Days

### Example

This month, you closed your child care for the eligible holiday on the 22nd and for two of your three allowed professional training days on the 11th and 12th.

Ella is authorized for 22 full days. She attends Monday through Friday from 5:30 a.m. until 2:30 p.m.



| Day | Signature            | Time In | Time Out | Signature            |
|-----|----------------------|---------|----------|----------------------|
| 1   | <b>Absent</b>        |         |          |                      |
| 2   | authorized signature | 5:30 am | 2:30 pm  | authorized signature |
| 3   | authorized signature | 5:30 am | 2:30 pm  | authorized signature |
| 4   | authorized signature | 5:30 am | 2:30 pm  | authorized signature |
| 5   | <b>Absent</b>        |         |          |                      |
| 6   | Saturday             |         |          |                      |
| 7   | Sunday               |         |          |                      |
| 8   | authorized signature | 5:30 am | 2:30 pm  | authorized signature |
| 9   | authorized signature | 5:30 am | 2:30 pm  | authorized signature |
| 10  | authorized signature | 5:30 am | 2:30 pm  | authorized signature |
| 11  | training day         |         |          |                      |
| 12  | training day         |         |          |                      |
| 13  | Saturday             |         |          |                      |
| 14  | Sunday               |         |          |                      |
| 15  | authorized signature | 5:30 am | 2:30 pm  | authorized signature |
| 16  | authorized signature | 5:30 am | 2:30 pm  | authorized signature |
| 17  | authorized signature | 5:30 am | 2:30 pm  | authorized signature |
| 18  | authorized signature | 5:30 am | 2:30 pm  | authorized signature |
| 19  | authorized signature | 5:30 am | 2:30 pm  | authorized signature |
| 20  | Saturday             |         |          |                      |
| 21  | Sunday               |         |          |                      |
| 22  | holiday              |         |          |                      |
| 23  | <b>Absent</b>        |         |          |                      |
| 24  | authorized signature | 5:30 am | 2:30 pm  | authorized signature |
| 25  | authorized signature | 5:30 am | 2:30 pm  | authorized signature |
| 26  | authorized signature | 5:30 am | 2:30 pm  | authorized signature |
| 27  | Saturday             |         |          |                      |
| 28  | Sunday               |         |          |                      |
| 29  | authorized signature | 5:30 am | 2:30 pm  | authorized signature |
| 30  | authorized signature | 5:30 am | 2:30 pm  | authorized signature |

Ella attended 16 days. Count the holiday and the two professional training days as if Ella attended. The total number of days attended is 19 (16 actually attended +1 closed for the holiday + 2 closed for professional training=19). Add the three absent days to the 19 days (19+3=22). The total 22 full days does not exceed Ella's authorization. You may bill 22 full days.

## Billing for Closure Days

### Example

Blaine needs child care Monday through Friday from 8 a.m. until 5:30 p.m. He is authorized for 22 full days per month. You closed your child care for one week for vacation.



| Day | Signature            | Time In | Time Out | Signature            |
|-----|----------------------|---------|----------|----------------------|
| 1   | Vacation             |         |          |                      |
| 2   | Vacation             |         |          |                      |
| 3   | Vacation             |         |          |                      |
| 4   | Vacation             |         |          |                      |
| 5   | Vacation             |         |          |                      |
| 6   | Saturday             |         |          |                      |
| 7   | Sunday               |         |          |                      |
| 8   | authorized signature | 8:05    | 5:30     | authorized signature |
| 9   | authorized signature | 8:00    | 5:30     | authorized signature |
| 10  | authorized signature | 7:45    | 5:20     | authorized signature |
| 11  | authorized signature | 8:00    | 5:35     | authorized signature |
| 12  | authorized signature | 8:00    | 5:30     | authorized signature |
| 13  | Saturday             |         |          |                      |
| 14  | Sunday               |         |          |                      |
| 15  | authorized signature | 8:15    | 5:40     | authorized signature |
| 16  | authorized signature | 8:05    | 5:30     | authorized signature |
| 17  | authorized signature | 8:00    | 5:30     | authorized signature |
| 18  | authorized signature | 7:45    | 5:15     | authorized signature |
| 19  | authorized signature | 8:00    | 5:30     | authorized signature |
| 20  | Saturday             |         |          |                      |
| 21  | Sunday               |         |          |                      |
| 22  | authorized signature | 8:15    | 5:30     | authorized signature |
| 23  | authorized signature | 8:15    | 5:30     | authorized signature |
| 24  | authorized signature | 8:00    | 5:05     | authorized signature |
| 25  | authorized signature | 9:30    | 5:35     | authorized signature |
| 26  | authorized signature | 8:00    | 5:39     | authorized signature |
| 27  | Saturday             |         |          |                      |
| 28  | Sunday               |         |          |                      |
| 29  | authorized signature | 7:55    | 5:25     | authorized signature |
| 30  | authorized signature | 8:00    | 5:30     | authorized signature |
| 31  | authorized signature | 8:00    | 5:30     | authorized signature |

Blaine attended 18 days. Blaine had no absent days. You may not bill for the days you were closed. You may bill for 18 full days for the month.

## Billing for Absent Days

### Example

Willow attends 9.5 hours a day, Monday through Wednesday and every other Saturday. She is authorized for 18 full days of child care per month.



| Day | Signature            | Time In | Time Out | Signature            |
|-----|----------------------|---------|----------|----------------------|
| 1   | authorized signature | 8:00 am | 5:30 pm  | authorized signature |
| 2   | authorized signature | 8:00 am | 5:30 pm  | authorized signature |
| 3   | authorized signature | 8:00 am | 5:30 pm  | authorized signature |
| 4   | Thursday             |         |          |                      |
| 5   | Friday               |         |          |                      |
| 6   | authorized signature | 8:15 am | 5:30 pm  | authorized signature |
| 7   | Sunday               |         |          |                      |
| 8   | <b>absent</b>        |         |          |                      |
| 9   | <b>absent</b>        |         |          |                      |
| 10  | authorized signature | 8:00 am | 5:30 pm  | authorized signature |
| 11  | Thursday             |         |          |                      |
| 12  | Friday               |         |          |                      |
| 13  | Saturday             |         |          |                      |
| 14  | Sunday               |         |          |                      |
| 15  | authorized signature | 8:10 am | 5:30 pm  | authorized signature |
| 16  | authorized signature | 8:00 am | 5:30 pm  | authorized signature |
| 17  | authorized signature | 8:10 am | 5:30 pm  | authorized signature |
| 18  | Thursday             |         |          |                      |
| 19  | Friday               |         |          |                      |
| 20  | authorized signature | 8:00 am | 5:30 pm  | authorized signature |
| 21  | Sunday               |         |          |                      |
| 22  | authorized signature | 8:00 am | 5:30 pm  | authorized signature |
| 23  | authorized signature | 8:00 am | 5:30 pm  | authorized signature |
| 24  | authorized signature | 8:00 am | 5:30 pm  | authorized signature |
| 25  | Thursday             |         |          |                      |
| 26  | Friday               |         |          |                      |
| 27  | Saturday             |         |          |                      |
| 28  | Sunday               |         |          |                      |
| 29  | authorized signature | 8:00 am | 5:30 pm  | authorized signature |
| 30  | authorized signature | 8:00 am | 5:30 pm  | authorized signature |
| 31  | authorized signature | 8:00 am | 5:30 pm  | authorized signature |

Willow attended 15 days. Add the 2 absent days to the 15 attended days (15 +2=17). You may bill 17 full days for Willow that month.

## Billing for School-Age Children with Half-Day Authorization

During the school year, children who attend school five days per week are authorized for 30 half-days per month.

### Example

Marty is a school-age child authorized for 30 half-days per month. He attends Monday through Friday before school. On the days the school is closed, he attends for nine hours.



| Day | Signature            | Time In | Time Out | Signature            |
|-----|----------------------|---------|----------|----------------------|
| 1   | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 2   | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 3   | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 4   | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 5   | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 6   | Saturday             |         |          |                      |
| 7   | Sunday               |         |          |                      |
| 8   | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 9   | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 10  | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 11  | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 12  | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 13  | Saturday             |         |          |                      |
| 14  | Sunday               |         |          |                      |
| 15  | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 16  | <b>Absent</b>        |         |          |                      |
| 17  | <b>Absent</b>        |         |          |                      |
| 18  | <b>Absent</b>        |         |          |                      |
| 19  | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 20  | Saturday             |         |          |                      |
| 21  | Sunday               |         |          |                      |
| 22  | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 23  | <b>Absent</b>        |         |          |                      |
| 24  | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 25  | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 26  | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 27  | Saturday             |         |          |                      |
| 28  | Sunday               |         |          |                      |
| 29  | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 30  | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 31  | authorized signature | 6:30 am | 9:00 am  | authorized signature |

Marty attended 19 days. Add the 4 absent days to the 19 days attended (19+4=23). You may bill 23 half-days.

## Example

Ida is a school-age child authorized for 30 half-days. She attends Monday through Friday before school. The 19th is the last day of the school year and Ida will attend nine hours a day for the rest of the month. Note: Parents need to contact DSHS for summer authorization.

| Day | Signature            | Time In | Time Out | Signature            |
|-----|----------------------|---------|----------|----------------------|
| 1   | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 2   | <b>Absent</b>        |         |          |                      |
| 3   | <b>Absent</b>        |         |          |                      |
| 4   | <b>Absent</b>        |         |          |                      |
| 5   | <b>Absent</b>        |         |          |                      |
| 6   | Saturday             |         |          |                      |
| 7   | Sunday               |         |          |                      |
| 8   | <b>Absent</b>        |         |          |                      |
| 9   | <b>Absent</b>        |         |          |                      |
| 10  | <b>Absent</b>        |         |          |                      |
| 11  | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 12  | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 13  | Saturday             |         |          |                      |
| 14  | Sunday               |         |          |                      |
| 15  | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 16  | <b>Absent</b>        |         |          |                      |
| 17  | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 18  | <b>Absent</b>        |         |          |                      |
| 19  | authorized signature | 6:30 am | 9:00 am  | authorized signature |
| 20  | Saturday             |         |          |                      |
| 21  | Sunday               |         |          |                      |
| 22  | authorized signature | 6:30 am | 3:00 pm  | authorized signature |
| 23  | <b>Absent</b>        |         |          |                      |
| 24  | authorized signature | 6:30 am | 3:30 pm  | authorized signature |
| 25  | authorized signature | 6:30 am | 3:30 pm  | authorized signature |
| 26  | authorized signature | 6:30 am | 3:30 pm  | authorized signature |
| 27  | Saturday             |         |          |                      |
| 28  | Sunday               |         |          |                      |
| 29  | authorized signature | 6:30 am | 3:30 pm  | authorized signature |
| 30  | authorized signature | 6:30 am | 3:30 pm  | authorized signature |



Ida was in your care for 12 days this month. Six of those days were half-days while school was in session; six of those days were full-day care after the 19th. To bill for the full days of care, add two half-day units together for a full day of care ( $12+6=18$ ). Ida was absent 10 days; you may bill for five absent days ( $18+5=23$ ). You may bill 23 half-days.

## Example

Juan is a kindergartner authorized 30 half days per month. He needs care Monday through Friday after school for about 4 hours each day. On the days the school is closed he needs nine hours of care.

| Day | Signature            | Time In | Time Out | Signature            |
|-----|----------------------|---------|----------|----------------------|
| 1   | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 2   | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 3   | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 4   | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 5   | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 6   | Saturday             |         |          |                      |
| 7   | Sunday               |         |          |                      |
| 8   | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 9   | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 10  | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 11  | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 12  | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 13  | Saturday             |         |          |                      |
| 14  | Sunday               |         |          |                      |
| 15  | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 16  | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 17  | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 18  | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 19  | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 20  | Saturday             |         |          |                      |
| 21  | Sunday               |         |          |                      |
| 22  | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 23  | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 24  | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 25  | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 26  | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 27  | Saturday             |         |          |                      |
| 28  | Sunday               |         |          |                      |
| 29  | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |
| 30  | authorized signature | 2:30 pm | 6:00 pm  | authorized signature |



Juan had no absent days and did not need any care before school or full-day care when school was closed. You may bill 22 half-days for Juan for the month.

## Billing for Care that Starts After the First Day of the Month

When an authorization starts after the first of the month, you may not count the days before the authorization as absent days. To determine the maximum number of days you can bill that month, count the days the child attended for the remainder of the month.

### Example

Anthony is authorized to start in your child care on the ninth of the month. He needs eight hours of care Tuesday through Friday and is authorized for a total of 18 full days each month.



| Day | Signature                   | Time In | Time Out | Signature            |
|-----|-----------------------------|---------|----------|----------------------|
| 1   | Monday                      |         |          |                      |
| 2   | Tuesday                     |         |          |                      |
| 3   | Wednesday                   |         |          |                      |
| 4   | Thursday                    |         |          |                      |
| 5   | Friday                      |         |          |                      |
| 6   | Saturday                    |         |          |                      |
| 7   | Sunday                      |         |          |                      |
| 8   | Monday                      |         |          |                      |
| 9   | <b>Authorization starts</b> |         |          |                      |
|     | authorized signature        | 8:00 am | 4:00 pm  | authorized signature |
| 10  | authorized signature        | 8:00 am | 4:00 pm  | authorized signature |
| 11  | authorized signature        | 8:00 am | 4:00 pm  | authorized signature |
| 12  | authorized signature        | 8:00 am | 4:00 pm  | authorized signature |
| 13  | Saturday                    |         |          |                      |
| 14  | Sunday                      |         |          |                      |
| 15  | Monday                      |         |          |                      |
| 16  | authorized signature        | 8:00 am | 4:00 pm  | authorized signature |
| 17  | authorized signature        | 8:00 am | 4:00 pm  | authorized signature |
| 18  | authorized signature        | 8:00 am | 4:00 pm  | authorized signature |
| 19  | authorized signature        | 8:00 am | 4:00 pm  | authorized signature |
| 20  | Saturday                    |         |          |                      |
| 21  | Sunday                      |         |          |                      |
| 22  | Monday                      |         |          |                      |
| 23  | authorized signature        | 8:00 am | 4:00 pm  | authorized signature |
| 24  | authorized signature        | 8:00 am | 4:00 pm  | authorized signature |
| 25  | authorized signature        | 8:00 am | 4:00 pm  | authorized signature |
| 26  | authorized signature        | 8:00 am | 4:00 pm  | authorized signature |
| 27  | Saturday                    |         |          |                      |
| 28  | Sunday                      |         |          |                      |
| 29  | Monday                      |         |          |                      |
| 30  | authorized signature        | 8:00 am | 4:00 pm  | authorized signature |

Anthony's authorization began on the 9th. Anthony attended 13 full days that month. He was not absent any day he was scheduled to attend. You may bill 13 full days for Anthony.



## Billing for Care that Ends Before the Last Day of the Month

Some authorizations end before the last day of the month. You may not bill for any absent days, holidays or professional training days that occur after the authorization ends.

### Example

Erin has been in your care for five months. She needs care eight hours a day Monday through Friday and is authorized for 22 full days per month. You knew her authorization would end on the 19th day of this month.

| Day | Signature  | Time In | Time Out | Signature            |
|-----|--|---------|----------|----------------------|
| 1   | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
| 2   | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
| 3   | <b>absent</b>                                    |         |          |                      |
| 4   | <b>absent</b>                                    |         |          |                      |
| 5   | <b>absent</b>                                    |         |          |                      |
| 6   | Saturday   |         |          |                      |
| 7   | Sunday   |         |          |                      |
| 8   | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
| 9   | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
| 10  | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
| 11  | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
| 12  | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
| 13  | Saturday   |         |          |                      |
| 14  | Sunday   |         |          |                      |
| 15  | <b>absent</b>                                    |         |          |                      |
| 16  | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
| 17  | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
| 18  | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
| 19  | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
|     | <b>Authorization ends after this day of care</b> |         |          |                      |
| 20  | Saturday   |         |          |                      |
| 21  | Sunday   |         |          |                      |
| 22  | Monday   |         |          |                      |
| 23  | Tuesday  |         |          |                      |
| 24  | Wednesday  |         |          |                      |
| 25  | Thursday   |         |          |                      |
| 26  | Friday   |         |          |                      |
| 27  | Saturday   |         |          |                      |
| 28  | Sunday   |         |          |                      |
| 29  | Monday   |         |          |                      |
| 30  | Tuesday  |         |          |                      |

Erin attended 11 days. Add the 4 absent days to the 11 days she attended (11+4=15). You may bill 15 full days for Erin.



## Unplanned Termination of Child Care Subsidy

Sometimes a family becomes ineligible for child care subsidies before the end of the authorization period. When this happens, DSHS will notify you of an unplanned termination of child care the same time the family is notified. If you have given your email address to DSHS, you will receive notifications by email, which is more timely than standard mail.

DSHS is required to give child care providers 10 calendar days' written notice prior to an unplanned termination.

If you receive notice after the termination date, you may bill DSHS for the care you provided after the unplanned termination and prior to the date you received the notice. Parents may be responsible for any overpayments that occur during this timeframe.

For Children's Administration (CA) child care programs, contact your CA Social Worker.

**Parents who lose their jobs or their WorkFirst activity may be eligible for a 28-day GAP period. Tell them to contact DSHS within 10 days to find out if they qualify.**

**DSHS Parent Line:  
1-877-501-2233**



## Example

Alyssa needs child care five days a week, Wednesday through Sunday. Her authorization is for 22 full days. You thought the authorization would continue for three more months. Alyssa's mother lost her job on the 17th day of the month and was no longer eligible for subsidized child care after that day. Alyssa was in your care until the 19th of the month.



| Day | Signature  | Time In | Time Out | Signature            |
|-----|--|---------|----------|----------------------|
| 1   | Monday   |         |          |                      |
| 2   | Tuesday  |         |          |                      |
| 3   | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
| 4   | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
| 5   | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
| 6   | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
| 7   | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
| 8   | Monday   |         |          |                      |
| 9   | Tuesday  |         |          |                      |
| 10  | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
| 11  | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
| 12  | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
| 13  | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
| 14  | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
| 15  | Monday   |         |          |                      |
| 16  | Tuesday  |         |          |                      |
| 17  | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
|     | <b>Unplanned termination date</b>                |         |          |                      |
| 18  | <b>Absent</b>                                    |         |          |                      |
| 19  | authorized signature                             | 8:00 am | 4:00 pm  | authorized signature |
|     | <b>You received termination notice from DSHS</b> |         |          |                      |
| 20  | <b>Alyssa left care</b>                          |         |          |                      |
| 21  |  |         |          |                      |
| 22  |  |         |          |                      |
| 23  |  |         |          |                      |
| 24  |  |         |          |                      |
| 25  |  |         |          |                      |
| 26  |  |         |          |                      |
| 27  |  |         |          |                      |
| 28  |  |         |          |                      |
| 29  |  |         |          |                      |
| 30  | <b>Last day of authorization</b>                 |         |          |                      |

You received the termination notice on the 19th by email. Alyssa's last day was the 19th. Her unplanned termination date was the 17th. You may bill DSHS for care you provided for Alyssa through the 19th. You may directly bill Alyssa's parents for any care you provide after the 19th. In this scenario, Alyssa attended 12 days, plus one absent day, for a total of 13 full days. You may bill for 13 full days for this month.

## Billing When the Schedule Varies

### Example

Nova's mom works at a restaurant. She works an average of four days a week from 11 a.m. until 6 p.m. Her work days change each week; Nova's mom gives you a copy of her schedule each week. Nova is authorized for 18 full days per month.



| Day | Signature            | Time In  | Time Out | Signature            |
|-----|----------------------|----------|----------|----------------------|
| 1   | Monday               |          |          |                      |
| 2   | Tuesday              |          |          |                      |
| 3   | authorized signature | 11:00 am | 6:00 pm  | authorized signature |
| 4   | authorized signature | 11:00 am | 6:00 pm  | authorized signature |
| 5   | Friday               |          |          |                      |
| 6   | authorized signature | 11:00 am | 6:00 pm  | authorized signature |
| 7   | Sunday               |          |          |                      |
| 8   | Monday               |          |          |                      |
| 9   | Tuesday              |          |          |                      |
| 10  | authorized signature | 11:00 am | 6:00 pm  | authorized signature |
| 11  | authorized signature | 11:00 am | 6:00 pm  | authorized signature |
| 12  | authorized signature | 11:00 am | 6:00 pm  | authorized signature |
| 13  | authorized signature | 11:00 am | 6:00 pm  | authorized signature |
| 14  | authorized signature | 11:00 am | 6:00 pm  | authorized signature |
| 15  | authorized signature | 11:00 am | 6:00 pm  | authorized signature |
| 16  | Tuesday              |          |          |                      |
| 17  | authorized signature | 11:00 am | 6:00 pm  | authorized signature |
| 18  | authorized signature | 11:00 am | 6:00 pm  | authorized signature |
| 19  | Friday               |          |          |                      |
| 20  | <b>Absent</b>        |          |          |                      |
| 21  | Sunday               |          |          |                      |
| 22  | authorized signature | 11:00 am | 6:00 pm  | authorized signature |
| 23  | authorized signature | 11:00 am | 6:00 pm  | authorized signature |
| 24  | authorized signature | 11:00 am | 6:00 pm  | authorized signature |
| 25  | authorized signature | 11:00 am | 6:00 pm  | authorized signature |
| 26  | Friday               |          |          |                      |
| 27  | Saturday             |          |          |                      |
| 28  | Sunday               |          |          |                      |
| 29  | authorized signature | 11:00 am | 6:00 pm  | authorized signature |
| 30  | <b>Absent</b>        |          |          |                      |

Nova attended 16 days and was absent two days (16+2=18). You may bill 18 full days for Nova.

## Billing for More than 10 Hours of Care per Day

Child care is based on parents' need so they can work or participate in WorkFirst. DSHS may authorize up to 16 hours per day using a combination of half-day and full-day authorizations.

- Full days are authorized for five to 10 hours of care per day.
- Half-days are authorized for less than five hours of care per day.

You may only bill DSHS for care that exceeds 10 hours per day if you have a written policy to charge all families additional fees when they use care more than 10 hours a day.



### Example

Jewel attends child care Tuesday through Friday from 6 a.m. until 6 p.m. Her authorization is for 18 full days and 18 half-days each month. Sometimes Jewel is picked up early at 2:30 pm.

| Day | Signature            | Time In | Time Out | Signature            |
|-----|----------------------|---------|----------|----------------------|
| 1   | Monday               |         |          |                      |
| 2   | authorized signature | 6:00 am | 6:00 pm  | authorized signature |
| 3   | authorized signature | 6:00 am | 6:00 pm  | authorized signature |
| 4   | authorized signature | 6:00 am | 6:00 pm  | authorized signature |
| 5   | authorized signature | 6:00 am | 6:00 pm  | authorized signature |
| 6   | Saturday             |         |          |                      |
| 7   | Sunday               |         |          |                      |
| 8   | Monday               |         |          |                      |
| 9   | authorized signature | 6:00 am | 6:00 pm  | authorized signature |
| 10  | authorized signature | 6:00 am | 6:00 pm  | authorized signature |
| 11  | authorized signature | 6:00 am | 6:00 pm  | authorized signature |
| 12  | authorized signature | 6:00 am | 6:00 pm  | authorized signature |
| 13  | Saturday             |         |          |                      |
| 14  | Sunday               |         |          |                      |
| 15  | Monday               |         |          |                      |
| 16  | authorized signature | 6:00 am | 6:00 pm  | authorized signature |
| 17  | authorized signature | 6:00 am | 6:00 pm  | authorized signature |
| 18  | authorized signature | 6:00 am | 6:00 pm  | authorized signature |
| 19  | authorized signature | 6:00 am | 6:00 pm  | authorized signature |
| 20  | Saturday             |         |          |                      |
| 21  | Sunday               |         |          |                      |
| 22  | Monday               |         |          |                      |
| 23  | <b>Absent</b>        |         |          |                      |
| 24  | authorized signature | 6:00 am | 2:30 pm  | authorized signature |
| 25  | authorized signature | 6:00 am | 2:30 pm  | authorized signature |
| 26  | authorized signature | 6:00 am | 2:30 pm  | authorized signature |
| 27  | Saturday             |         |          |                      |
| 28  | Sunday               |         |          |                      |
| 29  | Monday               |         |          |                      |
| 30  | authorized signature | 6:00 am | 6:00 pm  | authorized signature |

Remember, a child may be billed as absent when she does not attend care on a day when she was scheduled to attend. A child may have more than one authorization for a calendar day. If the child is absent on that day, the provider must choose which authorization to claim based on the child's attendance.

Jewel attended 16 full days and 13 half-days. She was absent one full day and one half-day on the 23rd; and three half-days on the 24th, 25th and 26th.

You may choose to bill for either one full day or one half-day for the absence on 23rd. In this example, you chose to bill for the full day.

You may bill for three additional half-day absences for the days Jewel was picked up at 2:30 p.m.

The total you may bill is 17 full days (16 attended + 1 absent = 17 days) and 16 half-days (13 attended + 3 absent = 16 days) for this month.

**Remember: You must bill based on each child's physical attendance and care. Your records should reflect each child's attendance, absences and your closure days (including holidays and training days).**



# Billing for Special Needs Child Care

The state may pay an additional rate for eligible children who have a verified special need that requires a higher level of specialized care. The additional rate is for each day you are eligible to bill for child care. Bill the same number of units for the special needs authorization as you do for the full-day or half-day authorization.



Lilly Ann is authorized for 22 full days of child care. She is also authorized for 22 full days at the special needs rate.

Lilly Ann attended 16 days and was absent for five of the days she was scheduled to attend. Add the five absent days to the 16 days she attended (16+5=21). You may bill 21 full days for Lilly Ann. Bill the same number of units for the special needs authorization as you did for the full-day authorization. You may bill 21 special needs days for Lilly Ann.

## Sample invoice

INVOICE CALL 1-888-461-8855 OR MAIL INVOICE USING YOUR OWN STAMP

|                |                   |              |                 |                  |
|----------------|-------------------|--------------|-----------------|------------------|
| INVOICE NUMBER | PAGE<br><b>OF</b> | PAYEE NUMBER | PROVIDER NUMBER | FOR MONTH ENDING |
|----------------|-------------------|--------------|-----------------|------------------|

TO SIGN UP FOR DEPENDABLE DIRECT DEPOSIT, SEE INSTRUCTIONS.  
FOR PAYMENT ISSUES, INCLUDING TIMELINESS, SEE INSTRUCTIONS.  
**SOCIAL SERVICE PAYMENT SYSTEM (SSPS)**

\_\_\_\_\_

PAYEE

PROVIDER

|                   |               |                             |                |                   |  |                 |              |            |                     |
|-------------------|---------------|-----------------------------|----------------|-------------------|--|-----------------|--------------|------------|---------------------|
| SERVICE RECIPIENT |               | SERVICE PERIOD<br><b>TO</b> |                | AMOUNT AUTHORIZED |  | AUTHORIZED RATE | SERVICE UNIT | TOTAL UNIT | SCHOOL HOLIDAY CARE |
| SERVICE NAME      |               |                             |                | REFERENCE         |  |                 |              |            |                     |
| CASE NUMBER       | AUTHORIZATION | WORKER I.D.                 | REPORTING UNIT | SERVICE CODE      |  |                 |              |            |                     |

  

|                   |               |                             |                |                   |  |                 |              |            |                     |
|-------------------|---------------|-----------------------------|----------------|-------------------|--|-----------------|--------------|------------|---------------------|
| SERVICE RECIPIENT |               | SERVICE PERIOD<br><b>TO</b> |                | AMOUNT AUTHORIZED |  | AUTHORIZED RATE | SERVICE UNIT | TOTAL UNIT | SCHOOL HOLIDAY CARE |
| SERVICE NAME      |               |                             |                | REFERENCE         |  |                 |              |            |                     |
| CASE NUMBER       | AUTHORIZATION | WORKER I.D.                 | REPORTING UNIT | SERVICE CODE      |  |                 |              |            |                     |

  

|                   |               |                             |                |                   |  |                 |              |            |                     |
|-------------------|---------------|-----------------------------|----------------|-------------------|--|-----------------|--------------|------------|---------------------|
| SERVICE RECIPIENT |               | SERVICE PERIOD<br><b>TO</b> |                | AMOUNT AUTHORIZED |  | AUTHORIZED RATE | SERVICE UNIT | TOTAL UNIT | SCHOOL HOLIDAY CARE |
| SERVICE NAME      |               |                             |                | REFERENCE         |  |                 |              |            |                     |
| CASE NUMBER       | AUTHORIZATION | WORKER I.D.                 | REPORTING UNIT | SERVICE CODE      |  |                 |              |            |                     |

  

|                   |               |                             |                |                   |  |                 |              |            |                     |
|-------------------|---------------|-----------------------------|----------------|-------------------|--|-----------------|--------------|------------|---------------------|
| SERVICE RECIPIENT |               | SERVICE PERIOD<br><b>TO</b> |                | AMOUNT AUTHORIZED |  | AUTHORIZED RATE | SERVICE UNIT | TOTAL UNIT | SCHOOL HOLIDAY CARE |
| SERVICE NAME      |               |                             |                | REFERENCE         |  |                 |              |            |                     |
| CASE NUMBER       | AUTHORIZATION | WORKER I.D.                 | REPORTING UNIT | SERVICE CODE      |  |                 |              |            |                     |

  

|                   |               |                             |                |                   |  |                 |              |            |                     |
|-------------------|---------------|-----------------------------|----------------|-------------------|--|-----------------|--------------|------------|---------------------|
| SERVICE RECIPIENT |               | SERVICE PERIOD<br><b>TO</b> |                | AMOUNT AUTHORIZED |  | AUTHORIZED RATE | SERVICE UNIT | TOTAL UNIT | SCHOOL HOLIDAY CARE |
| SERVICE NAME      |               |                             |                | REFERENCE         |  |                 |              |            |                     |
| CASE NUMBER       | AUTHORIZATION | WORKER I.D.                 | REPORTING UNIT | SERVICE CODE      |  |                 |              |            |                     |

  

|                   |               |                             |                |                   |  |                 |              |            |                     |
|-------------------|---------------|-----------------------------|----------------|-------------------|--|-----------------|--------------|------------|---------------------|
| SERVICE RECIPIENT |               | SERVICE PERIOD<br><b>TO</b> |                | AMOUNT AUTHORIZED |  | AUTHORIZED RATE | SERVICE UNIT | TOTAL UNIT | SCHOOL HOLIDAY CARE |
| SERVICE NAME      |               |                             |                | REFERENCE         |  |                 |              |            |                     |
| CASE NUMBER       | AUTHORIZATION | WORKER I.D.                 | REPORTING UNIT | SERVICE CODE      |  |                 |              |            |                     |

VENDOR'S CERTIFICATE: When you submit this invoice for payment, you are certifying that the items and totals listed herein are proper charges for services, materials, or merchandise furnished to the State of Washington and that all services, materials, or merchandise rendered have been provided without discrimination because of race, color, religion, sex, sexual orientation, national origin, creed, marital status, age, Vietnam era or disabled veterans status, or the presence of any sensor, mental or physical handicap.

|  |  |
|--|--|
|  |  |
|--|--|

PAYEE SIGNATURE  
If mailing this invoice, make a copy for your records, attach postage and return to:  
DSHS 08-141 (REV 09/2003)

PROVIDER SIGNATURE

STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
ISSD DATA CONTROL  
PO BOX 45889  
OLYMPIA, WA 98504-5889



## Using Invoice Express

Complete the invoice based on your attendance records. If you bill without any attendance records, you may receive an overpayment for the entire amount billed. You must repay overpayments. Failure to keep attendance records is a violation of state licensing rules.

You may bill for child care by:

- Mailing the completed invoice.
- Calling Invoice Express.

**Invoice Express:**  
**1-888-461-8855**

**Do not do both.** If you call Invoice Express and send in your invoice by mail, it may delay your payment.

Invoice Express is an easy way to submit your invoices by phone. It is available 24 hours a day, seven days a week in English and Spanish. If you decide to use Invoice Express, do not mail your paper invoice.

To use Invoice Express, complete the paper invoice then call Invoice Express at 1-888-461-8855 to claim payment.

**Step 1:** The system will ask if the invoice is regular or supplemental. Regular invoices have the letter "R" and Supplemental invoices have the letter "S" in the invoice number in the upper left corner of the invoice.

**Step 2:** Enter the first three digits of the invoice number, then the six digits after the letter and dash of the invoice number. The system will repeat the numbers for confirmation.

**Step 3:** Enter the payee number from the top of the invoice. The system will repeat the number for confirmation.

**Step 4:** Listen for the system to say, "You may now complete your invoice."

**Step 5:** Locate the reference number. The system refers to the last four digits of the "reference number" to identify the line of service that it is asking you to claim. The reference number appears in the shaded boxes on each service line on your invoice.

**Step 6:** Follow the voice prompts to enter the number of units you want to claim for each line of service.

Only follow this step after reviewing your attendance records and completing the paper invoice. After each entry, the system reads the entry back and asks if it is correct. If there is an error, the system will allow you to re-enter the information.

**Step 7:** Do not hang up when the system says, "all service lines have been completed."

Listen for the following statement: "By pressing the star key (\*) you are claiming to have provided all services entered."

**Once you press the star key, you may not make changes to that page of the invoice.**

**Step 8:** Press the star key and wait for the message: "Your invoice has been successfully submitted."

When the star key has been pressed for all pages of the invoice, Invoice Express is complete.

Calls submitted to Invoice Express before 4:30 pm. are processed the next working day. Calls after 4:30 pm will have a one-day delay in processing the invoice for payment. Payments are mailed after the invoice is received by SSPS.

Invoices submitted before the end of the month of service are held until the first working day of the next month.

# Completing the Invoice

You must submit an invoice for payment no later than 12 months after the date approved child care was provided. If the invoice is submitted later than that, DSHS cannot not make payment or adjust the invoice.

Complete your invoice after the last day of the month so you can review the entire month of attendance. DSHS cannot process invoices until the first day of the following month.

## Billing Steps

**Step 1:** When you receive the invoice, check to make sure your name and address are correct.

Do not make any changes to your name or address on the invoice. If your name or address is incorrect, call your licensor. If a child's name is incorrect, or you have questions regarding the rates or units authorized, call the Provider Line.

Do not write comments or questions on your invoice or attach notes. The only change you can make on your invoice is to lower the rate (see Step 2).

**Step 2:** Check that the rates in the "AUTHORIZED RATE" sections are correct.

The number of units multiplied by the rate equals the maximum amount authorized for the month. If the preprinted rate is more than the rate you usually charge, or more than the maximum child care subsidy rate for that child, write the correct rate in the space below the preprinted rate.

Write the corrected rate in dollars and cents. If the correct rate is \$12, write 12.00. An entry of "12" will be processed as 12 cents. Call the Provider Line and have the rate changed.

Billing incorrect rates may result in an overpayment to you that you will have to pay back.

You cannot correct a rate if you use Invoice Express. To correct a rate, mail the invoice and call the Provider Line to have the rate corrected on the next invoice.

**Step 3:** To bill, fill in the section on the SSPS billing invoice called "Total Units."

Bill only for the child care related to the family's approved activities. Use whole numbers. If you enter 8.5 or 8 1/2, your invoice will be returned to you for corrections and will delay your payment. Always round up: for example, do not enter 8.25, 8.5 or 8.75 instead, enter 9. If you did not provide care that month, write "0" in the "Total Units" box. If you leave a "TOTAL UNITS" (bolded box) blank, the invoice will be returned to you for correction, which will delay your payment.

If you provided additional child care for the family when they were not doing approved activities, you may not bill DSHS for that time. The School Holiday box is for in-home and relative child care. Do not use this box.

To bill for special needs child care, enter the same number of units in the special needs "TOTAL UNITS" box that you claimed for regular child care. For example, if you claimed 22 days for the child's care, claim 22 days for special needs care.

Some child care payments are listed in the "unit of service" box on the invoice as "DA" for day. This means a half-day or full day. Some payments are listed in the "unit of service" box as "EA" for "Each." The "EA" is for the registration fee, non-standard hours bonus and the field trip fee.

**Step 4:** Sign the invoice. If you mail your invoice, make a copy for your records. The mailing address is on the invoice. Do not mail your invoice if you have billed by Invoice Express.

Call DSHS at 360-664-6161 if you receive someone else's invoice or for direct deposit information.



Call the Provider Line if you have:

- An underpayment.
- An overpayment.
- Not received your invoice.
- Returned your invoice to DSHS and not received payment within 10 working days.

### Payment Options

**Checks Mailed by U.S. Postal Service:** You should receive a check by mail approximately 10 business days after DSHS receives your invoice. DSHS cannot guarantee a delivery date for checks sent by US Postal Services.

**Direct Deposit:** You may choose to have payments deposited into a checking or savings account. Checks are deposited into your account on the fifth business day after the invoice is processed by DSHS.

Learn more about direct deposits:

- Check online at: [www.dshs.wa.gov/ssps/directdeposit.shtml](http://www.dshs.wa.gov/ssps/directdeposit.shtml)
- Call 360-664-6161
- Request information in writing and include:

1. Name
2. Written request for direct deposit forms
3. SSPS Provider Number
4. Mailing address including city/state/zip code
5. Phone number with area code
6. Mail request to:

DSHS-SSPS Attn: Direct Deposit Desk

P.O. Box 45812

Olympia, WA 98504-5812

### Remittance Advice

You will be mailed a record of DSHS payments to you. This is called a Remittance Advice and includes a list of deductions that can be used for tax purposes.

### Tax Information

You will receive an Internal Revenue Service (IRS) Tax Form 1099 when your DSHS child care subsidy payment total is \$600 or more in a calendar year. The 1099 will be mailed not later than January 31. The 1099 includes child care payments you have received from the state. It does not include any other payments that you have received. Keep your 1099 for tax reporting. If you have tax questions, contact the IRS.



## Billing Errors

Billing errors may cause an underpayment or an overpayment.

The time limits for correcting underpayments and overpayments are:

- One year from the date of the child care service for correcting underpayments.
- Three years from the date of service for correcting overpayments.

### Overpayments

Overpayments may occur because you:

- Bill for more days than authorized for a child/children.
- Do not have any attendance records.
- Do not have attendance records that match your billing record.
- Bill for child care at a rate higher than you were authorized to receive.

Call the Provider Line to report an overpayment if your attendance records do not match the amount you were paid.

You will receive a Vendor Overpayment Notice if you were overpaid. If you have questions about the overpayment call the telephone number on the notice.

If you do not agree that you have been overpaid, you may dispute the overpayment. There are directions on the Vendor Overpayment Notice that outline how to dispute the overpayment. If overpayments are not resolved by talking to the DSHS Provider Line staff or through an administrative hearing, you must repay the money.

### Underpayments

Underpayments may occur because you:

- Provided services that were not authorized, but are approved activities for the parent.
- Made a mistake on your invoice that caused you to be underpaid.
- Did not receive payment for everything you claimed on the invoice.

Follow the steps below if you believe you have been underpaid:

1. Check your records to see if the child's name appeared on the invoice within 12 months after the date of service.
2. Compare your attendance records to your invoice to see if you were underpaid.
3. Call the Provider Line to report an underpayment.

#### Reminder:

**Call the Provider Line or your CA Social Worker to report an underpayment or overpayment**





# Resources

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## **Working Connections Information Phone (WCIP) for Child Care Providers**

1-866-218-3244

Available 24 hours a day for WCCC and SCC

English and Spanish

Information on:

- Family's authorization
- Copayment
- Case status
- Effective dates of coverage

Information is available after the family's case has been processed.

## **WCCC Provider Line**

1-800-394-4571

Language assistance available

Email: [providerhelp@dshs.wa.gov](mailto:providerhelp@dshs.wa.gov)

Fax: 1-888-338-7410

- Special Needs rate request
- Status of a WCCC or SCC application or review.
- Payment authorization or billing
- Provide information about your rates.
- Report a mistake on a current authorization.
- Ask questions about an authorization.

## **Customer Service Contact Center**

1-877-501-2233

Fax 1-866-722-4983

Families may apply for services or report changes

## **WCCC and SCC Answer Phone for Families**

1-877-980-9220

Families authorized for WCCC or SCC may check on their case status

**DEL**

1-866-482-4325

[www.del.wa.gov](http://www.del.wa.gov)

**DEL Rules**

[www.del.wa.gov/laws/rules/Default.aspx](http://www.del.wa.gov/laws/rules/Default.aspx)

**DSHS Programs**

[www.dshs.wa.gov](http://www.dshs.wa.gov)

**DSHS Children's Administration**

Reporting Abuse and Neglect

1-866-ENDHARM or 1-866-363-4276

Report suspected child abuse or neglect

[www.dshs.wa.gov/ca/safety/abuseReport.asp?2](http://www.dshs.wa.gov/ca/safety/abuseReport.asp?2)

**Office of the Superintendent of Public Instruction, Child Care Food Program**

360-725-6200

Provides federal funds to serve nutritious meals and snacks

[www.k12.wa.us/ChildNutrition/default.aspx](http://www.k12.wa.us/ChildNutrition/default.aspx)



**Child Care Subsidies: A Guide for Licensed and Certified  
Child Care Centers**

Effective June 1, 2012

Online: [www.del.wa.gov/publications/subsidy/docs/Center\\_subsidy\\_guide.pdf](http://www.del.wa.gov/publications/subsidy/docs/Center_subsidy_guide.pdf)

Department of Early Learning

P.O. Box 40970

Olympia, WA 98504-0970

Toll-free: 1.866.482.4325



Washington State Department of  
**Early Learning**



@WA\_del



[www.del.wa.gov](http://www.del.wa.gov)



DeptOfEarlyLearning